

ORIE Research Summary

Nutrition Research in Northern Nigeria

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Exclusive breastfeeding and early initiation: target groups and influential messages

This briefing outlines the findings from operations research on exclusive breastfeeding (EBF) and early initiation. The study supports refinement of the *infant and young child feeding* (IYCF) strategy implemented by the Working to Improve Nutrition in Northern Nigeria (WINNN) programme.

The WINNN IYCF intervention aims to improve feeding practices for children under the age of two, through health facility and community based activities. Health workers and community volunteers (female and male) have been trained on IYCF promotion, and earlier ORIE research found that they are active in this work. Volunteers provide sensitisation in group meetings, house visits or at events such as naming ceremonies.

Focal questions for study

- 1 Does the Hausa term for exclusive breastfeeding (*shayar da nonon uwa zalla*) communicate the full message – to avoid not only water but also other liquids, solids, and herbs?
- 2 Who are the main influencers over early initiation and infant feeding? (target groups).
- 3 What benefits of early initiation and EBF are most important to caregivers? (messages).

The fieldwork was undertaken in ten communities in Katsina state. The research was qualitative and included the use of visual participatory tools and storytelling. The communities were purposively selected, to compare: “progress communities” (where EBF uptake is progressing well, in WINNN assessment) and “slow change communities”. ‘Progress communities’ were selected to learn from processes of change and messages that have worked.

Summary of key recommendations

- ✓ Strengthen messages on the water content in breastmilk.
- ✓ Integrate the showcasing of healthy EBF babies into IYCF advocacy.
- ✓ Increase the targeting of men and develop specific IEC materials for this.
- ✓ Engage with senior religious leaders, and identify Qu’ranic teachings that support EBF.
- ✓ Develop an advocacy approach for older women, including songs and participatory approaches
- ✓ Provide practical support on breastfeeding within mothers’ support groups.
- ✓ Further research to develop a Hausa term for EBF that better encapsulates the full meaning.
- ✓ Consider the need to develop a Hausa term for ‘late EBF’
- ✓ Clarify that EBF is not *dependent* on the mother’s consumption of the recommended foods.

Research findings

Understandings of the term “exclusive breastfeeding”

In the ‘progress communities’, when speaking of EBF most caregivers focused on the need to avoid giving water to infants under the age of six months. However, on further probing, many caregivers did know that EBF includes avoidance of early solids and herbs. Those who had attended a sensitisation session were more likely to know the full meaning, while those who had heard of EBF through social networks tended to focus only on water. Since the widespread uptake of EBF will require the use of social networks, there is a need to more explicitly include solids and herbs in the Hausa phrase for EBF.

« The largest challenges for EBF are fears about not giving water to infants, and persuading older women. »

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In the ‘**slow change communities**’, EBF was less well understood. Common misunderstandings were that EBF involves giving ‘breastmilk and water’; or is merely about breastfeeding (rather than *exclusive* breastfeeding). There were also misinterpretations of the terms ‘feeding on demand’ and ‘complementary feeding’, which were sometimes used to justify traditional feeding practices.

Holy water and its local substitutes (dates and honey) were largely excluded from community member’s understanding of EBF. Many caregivers who described themselves as exclusively breastfeeding had given holy water or dates to their newborn. We found risks to an explicit focus on holy water in EBF promotion, since EBF is understood as ‘westernisation’ in some communities. Most Imams did not feel that they could intervene in the practice of giving holy water, although they also emphasised that it is not compulsory (Islamically).

The **perceived benefits of using herbs and holy water** in newborn care are very similar to the benefits of EBF. They are all believed to promote child health, development and intelligence, and to reduce child health problems such as stomach pain and diarrhoea. This similarity reduces the strength of the EBF messages. It has also created some confusion: some caregivers believed that the use of herbs in infant care supports the objectives of EBF.

In line with the international definition, most caregivers understood EBF as a ‘**six month status**’: a practice that is done for six months, or not at all. This was coupled with the common belief that a child becomes reliant on water or solids after the first taste. Due to this, many caregivers were deterred or stopped practising the EBF recommendations after the first instance of non-breastmilk intake. This suggests that the emphasis on EBF as a ‘six month status’ may reduce the overall number of days on which a child is given only breastmilk.

Early initiation – influencers and messages

Older female relatives have strong influence over neonatal feeding. They are often custodians of traditional infant feeding practices, including ‘washing out the colostrum’. Mothers often stay with older female relatives during the post-natal period, which strengthens the influence of older women.

Adolescent and younger mothers have particularly weak influence over neonatal feeding decisions. More experienced mothers often receive less intensive support from their female relatives, and some had personally influenced the decision to practise early initiation and EBF. However, mothers often agreed with older women’s beliefs about neonatal feeding: they have respect for their elders and their knowledge of motherhood.

Traditionally, **fathers** have limited influence over neonatal feeding, since they are not present in the postnatal setting. Some fathers did not know if their child had been given colostrum, while a few were critical of the practice of washing it out. The uptake of early initiation has been influenced largely by women. In some households, however, the new concept of EBF has opened space for fathers to get more involved, and some had personally intervened to promote EBF from birth.

While the belief that **colostrum** is ‘bad milk’ remains fairly widespread, we found growing acceptance of early initiation, particularly in the progress communities. Among women, the most significant catalyst for this change has been realisation that early initiation promotes the removal of the placenta. This message has worked because women are presented with clear evidence. Many mothers, grandmothers and TBAs were excited about this new knowledge, and the medical complications and costs it helps to avoid.

The increasing use of early initiation to promote removal of the placenta is helping to turn around the idea that colostrum is ‘bad milk’. However, a fairly large number of mothers (particularly adolescents) were unaware of the specific benefits of colostrum. Some infants were given colostrum as well as animal milk, water and herbs. This suggests that early initiation does not necessarily lead to EBF.

Exclusive breastfeeding – influencers

We found that **EBF (and non-EBF) are largely determined in the first few weeks after birth**. This is partly due to the influence of older female relatives in the post-natal period. It is also due to women’s strong belief that infants need additional water (see below) – which is often given on the first day. Some mothers also explained that they fed

« **Older women have strong influence over neonatal feeding decisions; while adolescent mothers have limited decision-making power.** »

« **Many caregivers were deterred, or stopped practising the EBF recommendations, after the first instance of non-breastmilk intake.** »

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animal milk to their newborn because they had insufficient breastmilk. As explained above, many caregivers believe that the EBF recommendations become void after the first instance of non-breastmilk intake.

Women are the main proponents of giving water to infants under age six months.

Women of all ages have strong fears that not doing so would lead to dehydration and possible death. We found that not giving water is the most emotionally resisted aspect of EBF, and the largest challenge to overcome. In contrast to women, very few men were emotive about not giving water to a baby.

Older women and TBAs are the main influence over the use of herbs in infant care, while mothers tend to give holy water or dates to their newborn. Some TBAs reported that they no longer give herbs to infants, however, and instead promote the idea that the child receives the benefits of herbs through breastmilk. This message has worked in some households.

Men are the main influence over the early provision of solids. Many mothers explained that their husband (or father-in-law) came home with foods for their child at 3-5 months, and jubilated when their child consumed them. Most mothers do not feel able to intervene, and are happy when their husband is proud. Many men and grandmothers believe that solids are important at 3–5 months and that breastmilk no longer satisfies a child at that age.

Exclusive breastfeeding – change processes

Health workers had often been **mother's** initial source of information on EBF. Numerous husbands reported that their wife had been the initial influence in their house, having come to them to explain the benefits of EBF. Women emphasised that they need their husband's permission to practise EBF. In other households, men or grandmothers had been the initial change agent in the house, having heard of EBF from health workers, friends or relatives. For men and Imams, radio messages on EBF have been an important source of additional information.

Once convinced about the benefits of EBF, **fathers** have sometimes been key advocates within the household. Fathers have been particularly important in the process of

persuading older women, or sometimes overriding them. However, many older women have resisted EBF, and some fathers have been unable to insist on it. To sidestep their older female relatives, some fathers have encouraged their wives to *pretend* to give water or herbs to the child. Yet many fathers have not intervened due to their respect for their elders and the difficulties of questioning their knowledge.

The support of **religious leaders** is clearly critical for progress, as is the identification of Qur'anic teaching that supports EBF. Many fathers said they believed the EBF information because Imams and community leaders support the campaign. Among the sampled Imams, we found broad support for EBF and thus good opportunities for WINNN engagement.

Exclusive breastfeeding – influential messages

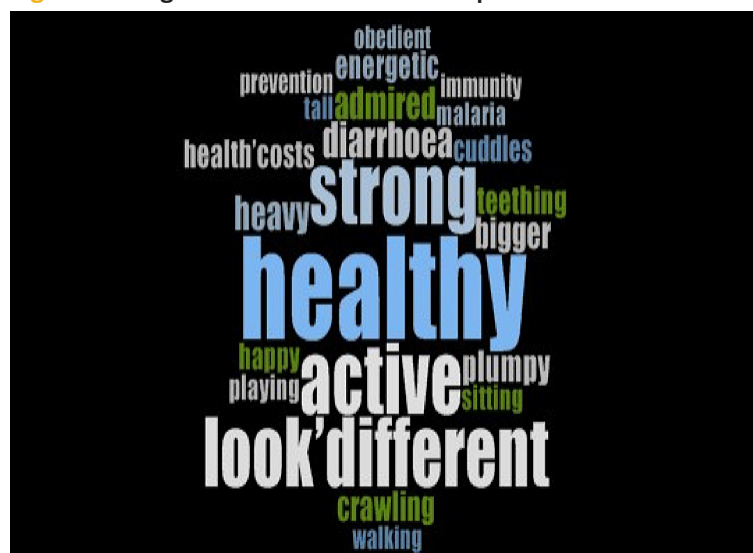
When asked about the benefits of EBF, most respondents focused on what they can see and directly experience. Figure 1 presents the findings in visual form, with larger text indicating that the benefit was mentioned more frequently.

While caregivers had received information about EBF from health workers or friends, they became *convinced* after seeing EBF babies in their community. This provided concrete evidence that they could trust. Women also emphasised the emotional and social benefits of EBF: their baby is admired and happy. Some men and grandmothers emphasised the benefit of reduced health care costs.

« Growing awareness that breastfeeding promotes the expulsion of the placenta is increasing acceptance of early initiation. »

« Once convinced about the benefits of EBF, fathers have sometimes been key advocates within the household. »

Figure 1 Caregiver's views on the most important benefits of EBF



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Recommendations – short term

- ✓ Strengthen messages on the water content in breastmilk, and develop specific information, education and communication (IEC) materials aimed at overcoming the notion that infants will dehydrate if not given additional water.
- ✓ Integrate the showcasing of healthy EBF babies into IYCF advocacy. This may include the extension of ‘exclusive breastfeeding ceremonies’ to community level; and showcasing EBF babies in community meetings. Health workers and volunteers could also explicitly identify EBF babies in the community in their sensitisation sessions.
- ✓ Increase the targeting of men and develop specific IEC materials for this. This would include messages about early solids, and emphasising the need for men to counsel older women in their house. Imams and the use of Islamic teaching would strengthen the advocacy, as would radio messages targeted at men that present Islamic framings of EBF and men’s stories of change.
- ✓ Engage with senior religious leaders to promote high level dialogue on infant feeding, and identification of Qur’anic teachings that support EBF. Encourage community level Imams to lend their support to EBF sensitisation sessions for both men and older women.

- ✓ Develop an advocacy approach for older women, including the use of songs and participatory approaches (see the [Grandmother Project](#)). Promote the recruitment of TBAs as community volunteers, and develop targeted advocacy for TBAs.

- ✓ Provide practical support on breastfeeding (latching on and positioning) within mothers’ support groups, to support mothers who feel that they do not produce sufficient breastmilk.

Recommendations – longer term

- ✓ Further research to develop a Hausa term for EBF that better encapsulates the full meaning.
- ✓ Consider the need to develop a Hausa term for ‘late EBF’. This may encourage caregivers to practise the EBF recommendations (even if a full six-months of “EBF” has not been achieved), and give them a status of which they can be proud.
- ✓ Clarify the meaning of “feeding on demand” and “complementary feeding” to avoid the misinterpretation that these describe traditional infant feeding practices. Also clarify that EBF is not *dependent* on the lactating mother’s consumption of the recommended foods.

ORIE and WINNN

ORIE is an independent component of the UK Government’s Department for International Development (DFID) funded Working to Improve Nutrition in Northern Nigeria (WINNN) programme. WINNN is working to improve the nutritional status of 6.2 million children under five years of age in five states of northern Nigeria. ORIE is carrying out research to determine the impact of WINNN and generate important research on key evidence gaps regarding solutions to undernutrition in northern Nigeria.

Credits

This ORIE Research Summary is based on a research report by Emma Jones (OPM). The research team included Ladi Wayi, Hadiza Babayaro, Habibu Sani, Magagi Idris, Aishatu Wayi, Salamatu Abubakar, Ogechi Eberechukwu, Hadiza Abdusalam, Marayam Abdulrahman Ahmad, Nanyi Yachiga, Hadiza Ahmad, Deborah Abu, Sani Ibrahim, and Saidu Abubakar. Readers are encouraged to quote and reproduce material from ORIE Research Summaries in their own publication. In return, ORIE requests due acknowledgement and quotes to be referenced as above.

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